FORM <u>B10</u> (Official Form 10)(4/98) UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BOISE) PROOF OF CLAIM Name of Debtor Case Number Steven C McNeel 99-00480 Mary A McNeel This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the Check box if you are aware that debtor owes money or property): anvone else has filed a proof of North End Center claim relating to your claim. Name and Address where notices should be sent: Attach copy of statement giving particulars. North End Center ☐ Check box if you have never 1015 W. Havs received any notices from the Boise. ID 83702 bankruptcy court in this case. THIS SPACE IS FOR COURT USE Check box if the address differs from the address on the envelope Telephone Number: sent to you by the court. replaces Check here if Account or other number by which creditor identifies debtor: □ amends a previously filed claim, dated this claim Basis for Claim Retiree benefits as defined in 11 U.S.C. §1114(a) Goods sold Wages, salaries, and compensation (fill out below) Services performed Your SS #: ☐ Money loaned Unpaid compensation for services performed \Box Personal injury/wrongful death (date) (date) Taxes Other 2. Date debt was incurred: See Statem 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed: 294,50 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 5. Secured Claim. 6. Unsecured Priority Claim. □ Check this box if your claim is secured by collateral ☐ Check this box if you have an unsecured priority claim (including a right of setoff). Amount entitled to priority S Brief Description of Collateral: Specify the priority of the claim: ☐ Real Estate ☐ Motor Vehicle □ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's □ Other business, whichever is earlier - 11 U.S.C. § 507(a)(3). Value of Collateral: S □ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). □ Up to \$ 1.950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). □ Alimony, maintenance, or support owed to a spouse, former spouse, or Amount of arrearage and other charges at time case filed child - 11 U.S.C. § 507(a)(7). included in secured claim. if any: S_ □ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(). *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. This Space is for Court Use The amount of all payments on this claim has been credited and deducted for the 7. Credits: SHAPED OF ONLY purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped. self-addressed envelope and copy of this proof of claim.

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any):

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.